

**COUNTY OF MONROE - DEPARTMENT OF HEALTH**  
**SUPPLEMENTAL APPLICATION**  
**APPROVAL OF SANITARY FACILITIES FOR REALTY SUBDIVISIONS**

SUBDIVISION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. (a) Has this site ever been used for agricultural purposes (orchard, vineyard, fieldcrop)? ☐ Yes ☐ No  
**Please specify:**

\_\_\_\_\_  
\_\_\_\_\_

(b) List herbicides/pesticides used. (**attach additional sheets**)

Herbicide/Pesticide	Year(s)	used
_____	_____	_____
_____	_____	_____

2. (a) Has this site been used for industrial or chemical activity? ☐ Yes ☐ No **Please specify:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Were hazardous substances used, generated, spilled, stored, treated or disposed on site?  
☐ Yes ☐ No **Please specify and List:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. (a) Is there a waste disposal site on or adjacent to the proposed development? ☐ Yes ☐ No

WSAC I.D. Number: \_\_\_\_\_

Type of wastes (municipal, agricultural, industrial, brush, construction/demolition, hazardous wastes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Years of operation: \_\_\_\_\_  
(c) How was access to the landfill controlled? \_\_\_\_\_

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(d) Was the landfill under DEC permit? [ ☐ ] Yes [ ☐ ] No  
(e) Has the landfill been properly closed? [ ☐ ] Yes [ ☐ ] No Explain: \_\_\_\_\_

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4. (a) Has this site ever been used for sludge application? [ ☐ ] Yes [ ☐ ] No  
(b) Where did the sludge come from? \_\_\_\_\_

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(c) Was this done under DEC permit? [ ☐ ] Yes [ ☐ ] No  
(d) During what years was the sludge applied? \_\_\_\_\_  
(e) Please submit a laboratory analysis for the applied sludge.

5. (a) How was the information contained in this application obtained? \_\_\_\_\_

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(b) List any individuals (name, address, phone #) who were interviewed regarding the history of the site: \_\_\_\_\_

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6. (a) **Locate areas on the site plan where any of the above uses occurred. Locate likely areas of high usage or spillage.**

(b) **Provide a plan for sampling soil if any of the above uses apply to this site. Ground water sampling should be included in the plan if wells are proposed for a water supply.** Surface water/sediment sampling should be included in the plan if ditches, streams, ponds, etc. exist on the subject property. The sampling plan must include but is not limited to number of samples, sample location, depth of samples, parameters analyzed for and background sampling location.

(c) **Provide a written evaluation of the impact that any of the applicable uses will have on the proposed development.** The written evaluation must include but is not limited to: concentration of analytes detected, comparison to local background and background values cited in current literature, comparison to EPA Health Based Criteria, NYSDOH Drinking Water Standards, NYSDEC Ground Water Standards or other applicable criteria and Conclusions. **Include a Summary Table listing analytes detected, concentrations, sample ID and depths.**

This application was completed after a thorough study of all available information and is accurate and complete to the best of my knowledge.

Developer/agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_